

**SCOPE OF CARE - MEDICAL PROGRAMS**

**Purpose:** To provide clients and CSO staff with information regarding the medical service coverage provided under the various programs offered by the Medical Assistance Administration.

Effective January 1, 2001

**WAC 388-529-0100 Scope of covered medical services by program.**

- (1) The scope of medical care which clients can receive is based on the medical program for which they are eligible. Clients eligible for the following medical programs have coverage for the medically necessary services indicated in the specific columns in the chart provided in WAC 388-529-0200:
  - (a) Categorically needy (CN) medical coverage is provided as described in the "CN" column. Coverage is modified by the provisions in this section and those found in other medical-assistance-related WAC;
  - (b) Medically needy (MN) medical coverage is provided as described in the "MN" column and as modified in this section and in other medical-assistance-related WAC;
  - (c) General assistance - unemployable (GAU) or alcohol and drug abuse treatment and support act (ADATSA) medical coverage is provided as described in the "MCS" column. Coverage is modified by the provisions in WAC 388-556-0500;
  - (d) The state-funded children's health program has medical coverage as described in the "CN" column and in subsection (1)(a) of this section;
  - (e) State-funded medically indigent (MI) program has medical coverage as described in the "MI" column to the extent that services are related to the qualifying emergency condition. Coverage begins after the client has met the annual emergency medical expense requirement (EMER) as described in WAC 388-438-0100.
  - (f) Pregnant undocumented aliens have medical coverage as described in the "CN" column and in subsection (1)(a) of this section.
- (2) "**Medically necessary**" is a standard for coverage of services under the CN and MN programs. The term is defined in WAC 388-500-0005.

- (3) Entries in WAC 388-529-0200 have the following meanings and conditions:
- (a) "Yes":
    - (i) The service must be medically necessary as defined by the program; and
    - (ii) The service may have conditions placed on coverage in order to ensure that medical necessity exists. Examples are:
      - (A) The prior authorization requirement,
      - (B) The primary care provider referral requirement,
      - (C) The limit on eyeglasses to be covered for adults only once in a twenty-four-month period without documentation of special circumstances , etc.
  - (b) "**HK**" - the services are provided to children under the healthy kids program as described in WAC 388-534-0100. This is consistent with the broader scope of coverage under the healthy kids program.
  - (c) "**No**" - This entry is used to describe coverage limitations of state-funded programs and indicates that the services are not covered. However, medically necessary services may be available under an "exception to rule" as described in chapter 388-440 WAC.
  - (d) "**L**" - the services are provided under limited circumstances described further under WAC 388-529-0200.
  - (e) "**R**" - the services are provided only as they are directly connected to emergency medical conditions. These program restrictions are described in WAC 388-438-0100.
- (4) Coverage described in this chapter may be further limited by the notations defined in WAC 388-529-0200 and other medical-assistance-related WAC. Services may require prior authorization to ensure that medical necessity exists.
- (5) Medical service categories not listed in WAC 388-529-0200 may not be covered under typical circumstances. Seeking specific coverage decisions in advance of service delivery is advised. Medical service providers may request authorization for any service which they see as medically necessary under WAC 388-501-0165.

**WAC 388-529-0200 Medical services available to eligible clients.**

The following chart lists the medically necessary services available to clients eligible for a variety of assistance programs. Eligibility groups for CN, MCS, MN, and MI coverage are described in WAC 388-529-0100.

MEDICAL SERVICES	CN <sup>1/</sup>	MCS	MN	MI
Adult day health	Yes	Yes	Yes	No
Advanced RN practitioner services	Yes	Yes	Yes	No
Ambulance/ground and air	Yes	Yes	Yes	R <sup>2/</sup>
Anesthesia services	Yes	Yes	Yes	R <sup>2/</sup>
Audiology (hearing exams)	Yes	Yes	HK only	No
Blood/blood derivatives/				
Blood administration	Yes <sup>3/</sup>	Yes <sup>3/</sup>	Yes <sup>3/</sup>	R <sup>2/-3/</sup>
Case management - maternity	L <sup>4/</sup>	No	L <sup>4/</sup>	No
Chiropractic care	HK only	No	HK only	No
Clinic services	Yes	Yes	Yes	No
Community mental health centers	Yes	L <sup>5/</sup>	Yes	No
Dental services	Yes	No	Yes	No
Dentures only	Yes	Yes	Yes	No
Detoxification	Yes	Yes	Yes	Yes <sup>2/</sup>
Drugs and pharmaceutical supplies	Yes	Yes	Yes	No
Elective surgery	Yes	Yes	Yes	No
Emergency room services	Yes	Yes	Yes	R <sup>2/</sup>
Emergency surgery	Yes	Yes	Yes	R <sup>2/</sup>
Eyeglasses and exams	Yes <sup>6/</sup>	Yes <sup>6/</sup>	Yes <sup>6/</sup>	No
Family planning services <sup>7/</sup>	Yes	Yes	Yes	No
Healthy kids (HK) (EPSDT)	Yes	No	Yes	No
Hearing aids	Yes	Yes	HK only	No
Home health services	Yes	Yes	Yes	No
Hospice	Yes	No	Yes	No
Indian health clinics	Yes	No	Yes	No
Inpatient hospital care	Yes	Yes	Yes	R <sup>2/</sup>
Intermediate care facility/services for mentally retarded	Yes	Yes	Yes	N/A
Involuntary commitment	Yes	Yes	Yes	Yes <sup>2/</sup>
Maternity support services	Yes	No	Yes	No
Medical equipment, durable (DME)	Yes	Yes	Yes	No
Midwife services	Yes	Yes	Yes	R <sup>2/</sup>
Neuromuscular centers	Yes	No	Yes	No
Nursing facility services	Yes	Yes	Yes	Yes <sup>2/</sup>
Nutrition therapy	HK only	No	HK only	No
Optometry	Yes	Yes	Yes	No
Organ transplants	Yes	Yes	Yes	R <sup>2/</sup>
Out-of-state care	Yes	No	Yes	No
Outpatient hospital care	Yes	Yes	Yes	R <sup>2/</sup>
Oxygen/respiratory therapy	Yes	Yes	Yes	R <sup>2/</sup>
Pain management (chronic)	Yes	Yes	Yes	No
Personal care services	Yes <sup>8/</sup>	No	HK only <sup>8/</sup>	No

Physical/speech/occupational therapy	Yes	Yes	HK and L <u>9</u> /	No
Physical medicine and rehabilitation	Yes	Yes	Yes	R <u>2</u> /
Physician	Yes	Yes	Yes	R <u>2</u> /
Podiatry	Yes	Yes	Yes	No
Private duty nursing	L <u>10</u> /	L <u>10</u> /	L <u>10</u> /	No
Prosthetic devices/mobility aids	Yes	Yes	Yes	R <u>2</u> /
Psychiatric services	Yes	No	Yes	No
Psychological evaluation	L <u>11</u> /	L <u>11</u> /	L <u>11</u> /	No
Rural health services and Federally qualified health Centers (FQHC)	Yes	Yes	Yes	No
School medical services <u>12</u> /	Yes	No	Yes	No
Substance abuse/outpatient	Yes	No	Yes	No
Surgical appliances	Yes	Yes	Yes	R <u>2</u> /
Total enteral/parenteral nutrition	Yes	Yes	Yes	No
Transportation other than ambulance	Yes	Yes	Yes	No
X-ray and lab services	Yes	Yes	Yes	R <u>2</u> /
<p>(1) Notation <u>1</u>/ indicates that the CN column applies to all categorically needy (CN) programs, the state-funded children's health program. It also describes the services available to pregnant women who are undocumented aliens.</p> <p>(2) Notation <u>2</u>/ restricts the coverage to those services directly connected to an emergency medical condition which requires hospital services. Emergency requirements are described in WAC 388-438-0100.</p> <p>(3) Notation <u>3</u>/ indicates that services are limited as described in WAC 388-87-045.</p> <p>(4) Notation <u>4</u>/ indicates that the services are limited to pregnant women who have been identified as being in a "high-risk" circumstance under WAC 388-86-017.</p> <p>(5) Notation <u>5</u>/ indicates that clients must meet the program definitions and program priorities of the community mental health act. Limited grants are available to counties for the funding of these services.</p> <p>(6) Notation <u>6</u>/ indicates that eyeglasses are limited under WAC 388-86-030. Special circumstances and specific approval apply to more frequent services than those specified in WAC 388-86-030.</p> <p>(7) Notation <u>7</u>/ indicates that family planning services are available to all clients of the medical programs except for the medically indigent program. Some clients are eligible only for family planning services which is noted on the medical identification card. These services are described in WAC 388-462-0015.</p>				

- (8) Notation 8/ indicates that services which are not medical services may be covered under certain qualifying conditions. These benefits are covered under the direction of the aging and adult services administration for CN eligible adults under home and community based programs; the division of developmental disabilities; or the children's services administration under WAC 388-86-087.
- (9) Notation 9/ indicates that the services are not normally provided to clients, however, they are covered when the client is receiving department approved home health care services as described in WAC 388-86-045.
- (10) Notation 10/ indicates that services are authorized according to the conditions listed in WAC 388-86-071.
- (11) Notation 11/ indicates that the department limits services as described in WAC 388-86-067 and 388-86-095.
- (12) Notation 12/ indicates a special medical program for children who are Medicaid eligible under an individualized education plan under the special education program of a school. This medical program is described further in WAC 388-86-022.

## CLARIFYING INFORMATION

The definition of **Medical Necessity** which is applied to CN and MN medical coverage is the result of a standard established under a court action entitled: "Mead-Burdman."

WAC 388-500-0005 - "Medically Necessary" is a term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

Clients who are eligible for **Medicare** Cost-Sharing benefit programs are not addressed in this section. The services received by these clients are described in the MEDICARE portion of this manual.

**Clients Receiving Medical Bills:** Clients may call or visit the CSO with questions regarding unpaid medical claims and this scope of care manual material. Any number of complications can be encountered in the process of managing a client's medical care. Clients may be billed by medical providers in error. Medical providers may not understand the limitations on billing clients which are covered in chapter 388-87 WAC. Some billings may be appropriate because the client did not fully cooperate with the requirements of Third Party Liability, Healthy Options or other managed care or the Patient Requiring Regulation program. In some of these cases clients may be obligated to pay for services they received while on a medical program. These cases are monitored by MAA.

Forward client concerns regarding medical billings to the Medical Assistance Administration. MAA will review the conditions, make decisions, take actions and notify the client. As with any other condition of eligibility, a client has the right to request a Fair Hearing on eligibility matters and coverage decisions regarding requested medical services. Clients may request fair hearings based on an assertion that they were not notified of an adverse decision or action.

The Medical Assistance Administration maintains a list of services specifically excluded from coverage in WAC 388-86-200.

Typically, medical providers coordinate requests for specific medical treatments directly with the Medical Assistance Administration (MAA). Providers request specific services under WAC 388-501-0165 (copies available from Regional Representatives of MAA). Clients are to receive notice from MAA when requested services are denied for coverage. Such notice is to include information on the client's right to a Fair Hearing. See **FAIR HEARING** for additional information about medical coverage fair hearings.

In addition, CSO staff may request an Exception to Rule (ETR) where the application of a rule would appear to be against the best interests of the client or the department. An ETR may be requested in addition to a client's request for Fair Hearing. See **EXCEPTION TO RULE**. Denials of CSO staff requests for ETRs do not carry fair hearing rights. For this reason, clients should not be encouraged to substitute an ETR for a fair hearing request.